STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street, Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Office of Preparedness & Response
Sherry Adams, R.N., C.P.M, Director
Isaac P. Ajit, M.D., M.P.H., Deputy Director

February 3, 2009
Public Health & Emergency Preparedness Bulletin: # 2009:04
Reporting for the week ending 01/31/09 (MMWR Week #04)

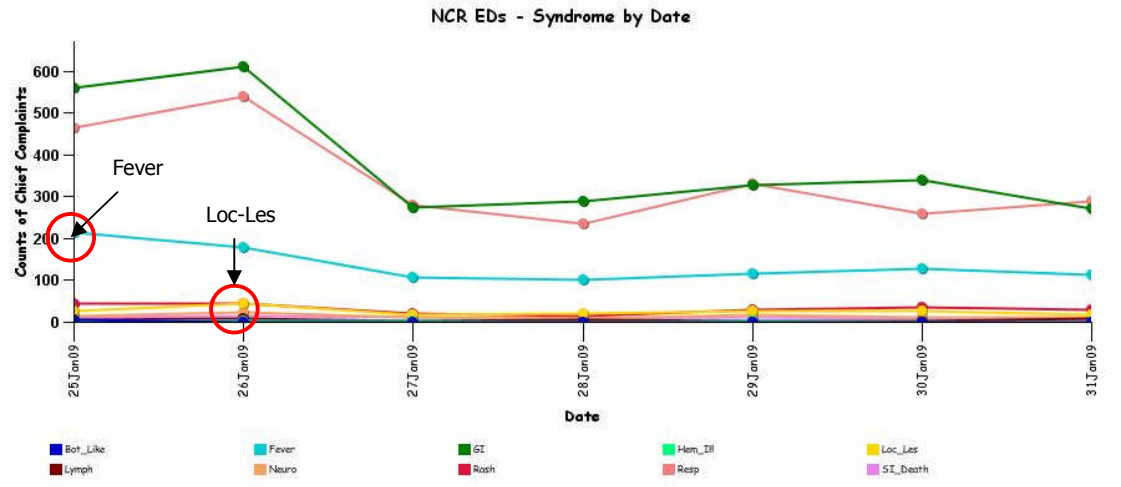
CURRENT HOMELAND SECURITY THREAT LEVELS

National: **Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)**
Maryland: **Yellow (ELEVATED)**

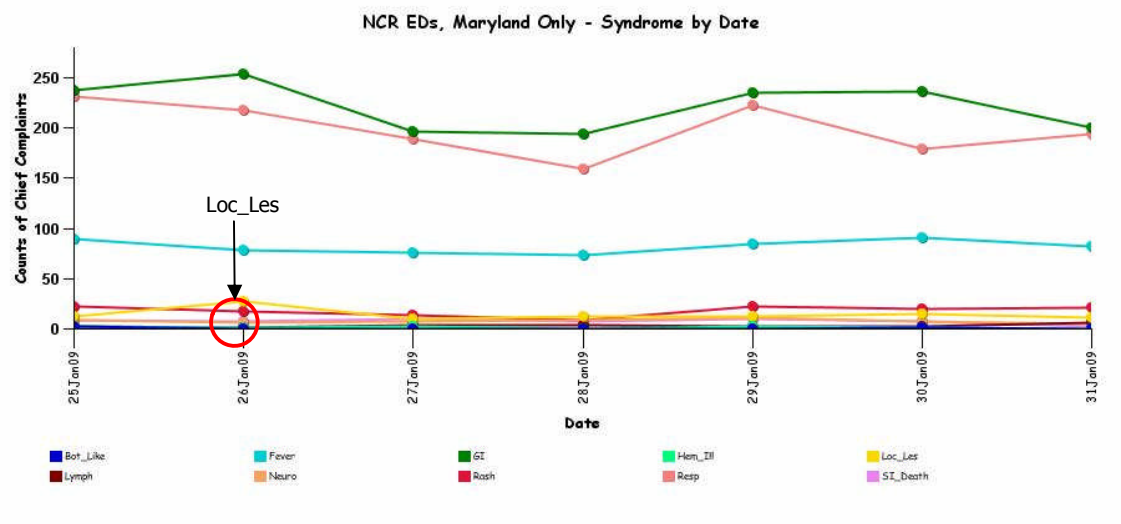
SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

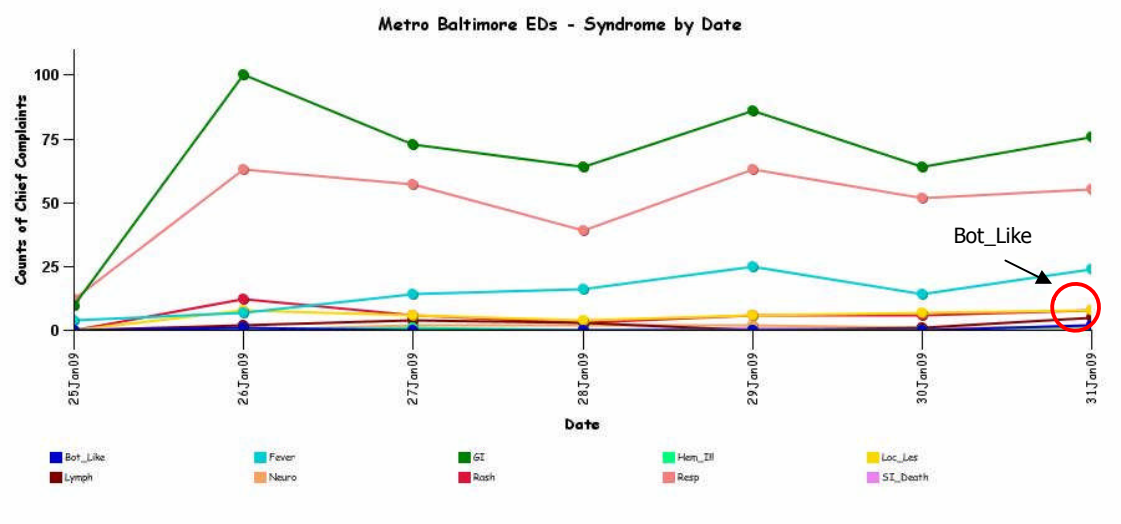
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system.
****NOTE: Not all data for NCR hospitals was available for January 27 to 31 due to technical issues****



* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system.

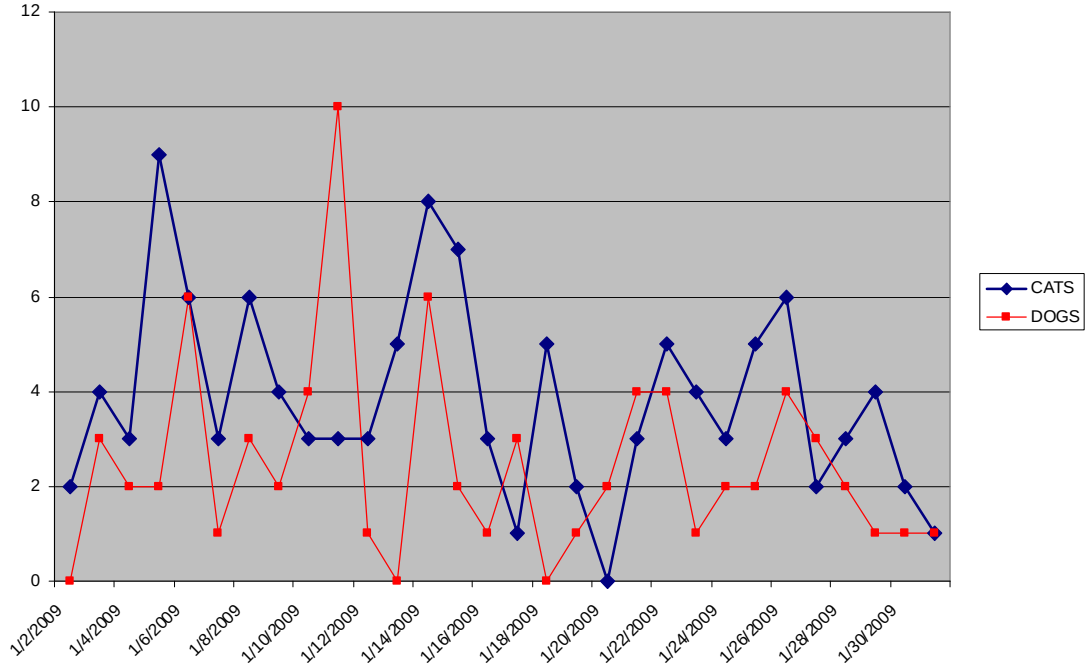


* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

****NOTE: Not all data for Metro Baltimore hospitals was available for January 25 due to technical issues****

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

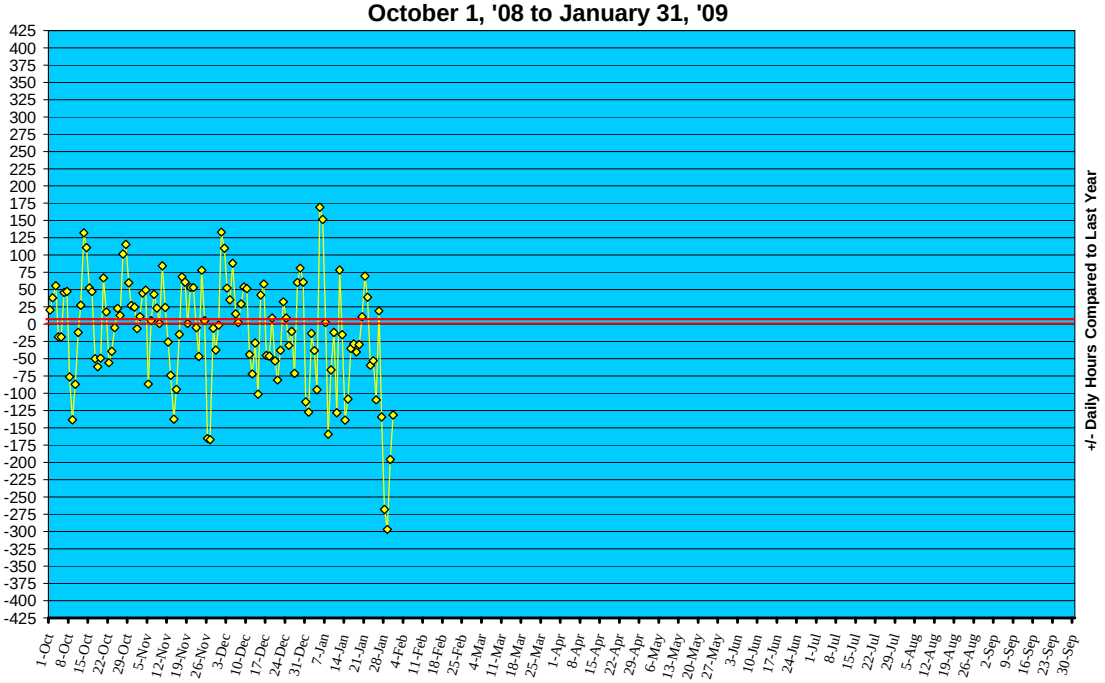
Dead Animal Pick-Up Calls to 311



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/08.

Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '08 to January 31, '09



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in December 2008 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (Jan 25 to Jan 31, 2009):	8	0
Prior week (Jan 18 to Jan 24, 2009):	6	0
Week#4, 2008 (Jan 20 to Jan 26, 2008):	3	1

17 outbreaks were reported to DHMH during MMWR Week 4 (Jan.25- Jan. 31, 2009):

14 Gastroenteritis outbreaks
9 outbreaks of GASTROENTERITIS associated with Nursing Homes

4 outbreaks of GASTROENTERITIS associated with Assisted Living Facilities

1 outbreak of GASTROENTERITIS associated with a Care Center for Disabled Adults

2 Respiratory illness outbreaks
1 outbreak of PNEUMONIA associated with a Nursing Home
1 outbreak of ILI associated with a Nursing Home

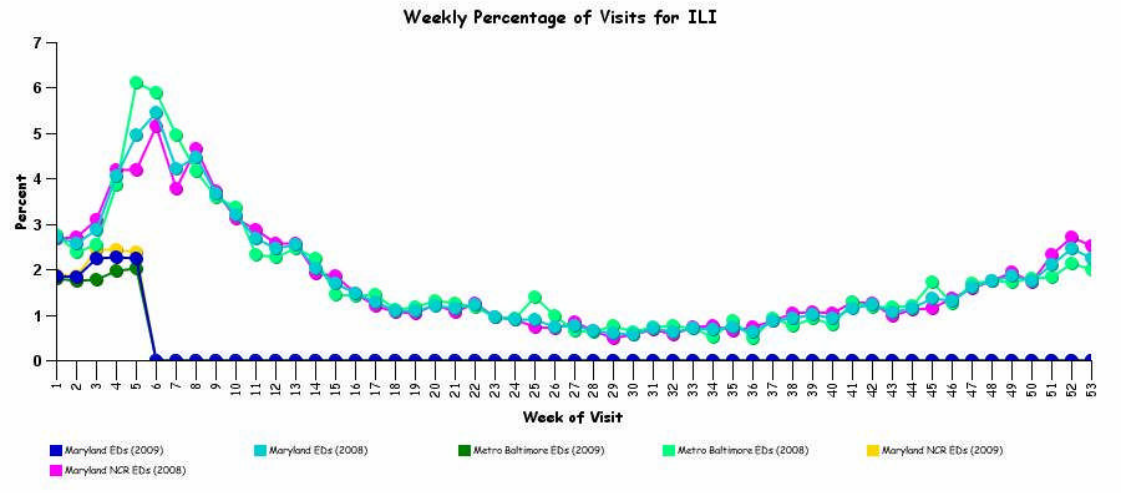
1 Rash illness outbreak
1 outbreak of RASH associated with a Prison/Institution

MARYLAND SEASONAL FLU STATUS:

Influenza activity in Maryland for Week 04 is Regional. During week 04, 90 confirmed cases of influenza were reported to DHMH.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: http://bioterrorism.dhmh.state.md.us/flu.htm

WHO update: As of January 27, 2009, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 403, of which 254 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

AVIAN INFLUENZA, HUMAN (CHINA): 31 Jan 2009. According to China's Ministry of Health, the Hunan Province Bureau of Health reported on Sat 31 Jan 2009 that a human case of highly pathogenic avian influenza had been confirmed in the province. The patient's condition is now basically stable and symptoms are improving. She is being actively treated. The patient is a 21-year-old female. She is a farmer who resides in Xupu County of Hunan Province. On 23 Jan 2009 she fell ill in Xupu County. After her condition worsened, she was admitted to Xupu County People's Hospital on 26 Jan 2009. On 29 Jan 2009, she was transferred to Xiangya Hospital of Central South University in Changsha City. On 29 Jan 2009, the Hunan CDC ran tests on samples taken from the patient. The results were positive for avian influenza H5 virus RNA. On 30 Jan 2009, China CDC ran confirmatory tests on samples taken from the patient. The results were positive for avian influenza H5N1 virus RNA. Epidemiological investigations found that the patient had contact with diseased poultry carcasses prior to her illness.

AVIAN INFLUENZA, HUMAN (EGYPT): 27 Jan 2009. On 26 Jan 2009 the Ministry of Health and Population of Egypt has announced a new human case of avian influenza A(H5N1) virus infection. The case is a 2-year-old female from Manofia [Al-Minufiyah] Governorate, Shebin Elkom District. Her symptoms began on 23 Jan 2009 and she was immediately hospitalized. She remains in a stable condition. Infection with the H5N1 avian influenza virus was confirmed by the Egyptian Central Public Health Laboratory. Investigations into the source of her infection indicate a recent history of contact with sick and dead poultry. Of the 53 cases confirmed to date in Egypt, 23 have been fatal.

AVIAN INFLUENZA, HUMAN (CHINA): 26 Jan 2009. An 18-year-old man died from bird flu on Monday [26 Jan 2009] in south China's Guangxi Zhuang Autonomous Region, the 5th human death from the H5N1 virus in China this year [2009]. According to a press release posted on the website of the Ministry of Health, the man fell ill on 19 Jan 2009 in Beiliu City, Guangxi. He was transferred to Yulin Municipal Red Cross Hospital on 24 Jan 2009. He died on Monday [26 Jan 2009]. The young man tested positive for the H5N1 strain of avian influenza, according to the test result on Monday [26 Jan 2009] from the Chinese Center for Disease Control and Prevention. The ministry said it had reported the case to the World Health Organization and informed the health authorities of China's Hong Kong and Macao special administrative regions.

NATIONAL DISEASE REPORTS:

SALMONELLOSIS, SEROTYPE TYPHIMURIUM, PEANUT BUTTER (USA): 28 Jan 2009. As of 9 pm EDT, Sun 25 Jan 2009, 501 persons infected with the outbreak strain of _Salmonella_ Typhimurium have been reported from 43 states. The number of ill persons identified in each state is as follows: Alabama (1), Arizona (11), Arkansas (4), California (62), Colorado (12), Connecticut (9), Georgia (6), Hawaii (3), Idaho (11), Illinois (6), Indiana (4), Iowa (3), Kansas (2), Kentucky (3), Maine (4), Maryland (8), Massachusetts (42), Michigan (25), Minnesota (35), Missouri (9), Mississippi (3), Nebraska (1), New Hampshire (11), New Jersey (23), New York (19), Nevada (5), North Carolina (6), North Dakota (10), Ohio (67), Oklahoma (2), Oregon (10), Pennsylvania (14), Rhode Island (4), South Dakota (2), Tennessee (9), Texas (6), Utah (5), Vermont (4), Virginia (20), Washington (13), West Virginia (2), Wisconsin (3), and Wyoming (2). Additionally, an ill person was reported from Canada. Among the persons with confirmed, reported dates available, illnesses began between 1 Sep 2008 and 9 Jan 2009. Patients range in age from less than 1 to 98 years; 47 percent are female. Among persons with available information, 22 percent reported being hospitalized. Infection may have contributed to 8 deaths. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

BOTULISM, DESSERT SAUCES, RISK, RECALL (Maine): 26 Jan 2009. As a precautionary measure, Stonewall Kitchen of York, Maine is voluntarily recalling 7 dessert sauces because they have the potential to be contaminated with _Clostridium botulinum_, a bacterium, which can cause life-threatening illness or death. Consumers are warned not to use the product even if it does not look or smell spoiled. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS:

EBOLA-RESTON, PORCINE, HUMAN SEROPOSITIVES (PHILIPPINES) 31 Jan 2009. A total of 4 more pig farm workers have tested positive for the Ebola Reston Virus (ERV), health officials revealed yesterday [Fri 30 Jan 2009]. Health Secretary Francisco Duque III said 4 were found positive out of 77 individuals suspected of being exposed to the virus. "The 4 new cases bring the total number of ERV antibody-positive humans to 5 as of 30 Jan 2009," Duque told a news conference yesterday. Duque, however, assured the public there is no cause for alarm since the ERV poses no threat to human health. Duque said the total of 5 individuals found positive for the virus were workers of pig farms in Bulacan, Pangasinan, and Valenzuela City, while another worker was traced to a slaughterhouse in Pangasinan. He said all of them were males and have not been sick for the past 12 months. Based on initial findings, the 5 individuals got exposed by directly handling infected pigs. Duque said the 5 did not wear any personal protective gear when handling the infected pigs. He said the presence of ERV antibodies in the 5 individuals showed they have effectively mounted a protective defense against the virus. "Like the 1st positive human, the 4 others are also healthy and have not been seriously ill in the previous 12 months," Duque pointed out. A World Health Organization (WHO)-led UN team said all the men – who are aged between 22 and 52 -- are well and no longer carry the virus after being able to expel it from their systems. Julie Hall, a member of the UN investigating team, told a news conference that it was a "low risk situation and an important situation for animal and human health." Health authorities traced the 1st case of ERV to a backyard farmer who had direct contact with sick pigs. Duque said the possibility of pig-to-human transmission could not be ruled out at this time. Hall said she agreed with an earlier statement by Duque that a swine-to-human transmission of the virus "cannot be dismissed." Duque, however, maintained the risk of the virus spreading from hogs to humans is still low. "This is a low risk situation to human health provided that standard hygiene procedures and safety protocols in animal handling and food preparation are observed." International health experts supported the report of the Philippine government that a outbreak of Ebola Reston virus in the country is unlikely. To avert the possible spread of the virus, Duque said the Philippine government is closely working with the World Organization for Animal Health (OIE) and WHO to determine the most likely source of the ERV and how it spreads in affected farms. (Viral Hemorrhagic Fever is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

LASSA FEVER, FATAL (UNITED KINGDOM ex NIGERIA): 30 Jan 2009. The patient, from east London, died following a sudden deterioration in his condition, said a spokesman from Hampstead's Royal Free Hospital. The man, who has not been identified, had been traveling in Nigeria and was admitted to hospital soon after returning to the UK on 6 Jan 2009. Lassa fever was diagnosed on 22 Jan 2009 at the Hospital for Tropical Diseases. Next of kin have been informed. A spokeswoman from the Health Protection Agency (HPA) said there was no risk of contamination to the public. Lassa fever is caused by the Lassa virus and is endemic in Nigeria, Sierra Leone, Liberia, Guinea, and the Central African Republic. Hundreds of thousands of people are infected in these countries each year and isolated cases have been seen in Europe and the USA. Around 8 in 10 people infected with Lassa virus develop mild or no symptoms, but in 20 percent of cases people will have severe illness. Symptoms include fever, headache, sore throat, a cough, nausea, vomiting, diarrhoea, and muscle pain. A common complication is deafness, but only about 2 percent of all patients die from the illness. Dr Dilys Morgan, a Lassa fever expert at the HPA, said: "This is an isolated case. It is important to stress that there is no risk to the general public from this patient. "Lassa fever is an infection that is found in West Africa and is seen rarely in this country in those who have traveled to parts of the world where it is common. The virus is spread by infected rats through their urine and droppings. The infection is not easily spread to others and then only by direct contact with bodily fluids." There have been 10 confirmed cases of Lassa fever in the UK since 1970. (Viral Hemorrhagic Fever is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX (URUGUAY): 29 Jan 2009. Two rural laborers in the department of Durazno in the center of Uruguay have been hospitalized with cutaneous anthrax, according to the local authorities. They say that the disease is enzootic in Uruguayan cattle and that a dozen outbreaks are noted each year. Human cases follow from handling hides from infected dead animals. Durazno is some 180 km north of the capital, Montevideo. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

BOTULISM, CANNED EGGPLANT (KAZAKHSTAN): 28 Jan 2009. Two people in South Kazakhstan province were hospitalized with a preliminary diagnosis of botulism. According to the Ministry of Emergency situations [report] from 20 Jan 2009, a 46-year-old man and 46-year-old woman from the Tegizshil village, Saryagash district in South Kazakhstan province were hospitalized in the Saryagash district hospital after eating home canned eggplant. Sanitary-epidemiological services are carrying out preventive measures. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://bioterrorism.dhmh.state.md.us/

Maryland's Resident Influenza Tracking System: www.tinyurl.com/flu-enroll

****

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

Heather N. Brown, MPH
Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
300 W. Preston Street, Suite 202
Baltimore, MD 21201
Office: 410-767-6745
Fax: 410-333-5000
Email: HBrown@dhmh.state.md.us

Sadia Aslam, MPH
Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
300 W. Preston Street, Suite 202
Baltimore, MD 21201
Office: 410-767-2074
Fax: 410-333-5000
Email: SAslam@dhmh.state.md.us